SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
Filing Company:	*National Guardian Life Insurance Company*	*State Tracking Number:*	*40720*
Company Tracking Number:	*2735PN-AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2735PN	SERFF Tr Num: NGLI-125878890	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 40720
Sub-TOI: L08.000 Life - Other	Co Tr Num: 2735PN-AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Peggy Kratz, Kim Bolinder	Disposition Date: 10/30/2008
	Date Submitted: 10/29/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 10/30/2008	
State Status Changed: 10/30/2008	Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner/Director:

The above captioned application is submitted in final print version for your approval. This application is intended for use by licensed agents to sell preneed whole life products approved for use in your state.

Enrollment form 2735PN-AR 05/08 is replacing form 2735PN-AR 08/07, which your department approved on November 28, 2007 under your reference AID # 37304. Minor cosmetic changes were made where we have lightened the shaded areas and removed borders to allow for improved readability when faxing.

SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
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Company Tracking Number:	*2735PN-AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Please note that enrollment form 2735PN-AR 05/08 is otherwise substantially similar to previously approved form 2735PN-AR 08/07.

We are requesting this form be approved on a general use basis, so we may use the form with any policy form approved in your state. However we anticipate that our initial use of this application will be with the following forms:

FORM NAME APPROVAL DATE
NPNCERTSP2002 (Single Pay option) 11/21/2002
NPNCERTMP2002-AR 11/21/2002
NPNCERTMP2002-GDB-AR 11/21/2002
NPNCRTFPA2008 08/21/2008

Please note we have bracketed several areas of the application for variability.

1. The Mail Policy to field has been bracketed so that we may add or delete a mailing option.
2. The Payment Options field is bracketed so that we may delete a plan or payment mode that we are no longer offering.
3. The Statement of Health field is bracketed so that if we delete a plan, we may delete a portion of that text that would no longer be applicable.
4. The Applicant Signatures field is bracketed so that we may change, delete, or update the statement to comply with all Insurable Interest statement requirements.
5. The field containing blanks for listing the Insured and Agent names is bracketed to offer this as an optional field to our marketers.
6. The Irrevocable Assignment field is bracketed so that if we delete a plan, we may delete a portion of that text that would no longer be applicable.
7. The Automatic Payment Authorization field is bracketed so that we may remove it or print it on a separate page.
8. The Acknowledgement of Payment field is bracketed so that we may remove it or print it on a separate page.
9. The Fraud Warning Statement field is bracketed, so that we may change, delete, or update the statements and comply with all fraud statement requirements (without needing to re-file the form).

Your review and approval of these forms would be greatly appreciated; if you have any questions or comments, please contact me via the email address or phone number provided.

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TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist
2 East Gilman Street
Madison, WI 53701

kabolinder@nglic.com
(608) 443-5335 [Phone]
(608) 443-5365[FAX]

Filing Company Information

National Guardian Life Insurance Company
P.O. Box 1191
Madison, WI 53701-1191
(800) 626-7931 ext. 5790[Phone]

CoCode: 66583
Group Code:
Group Name:
FEIN Number: 39-0493780

State of Domicile: Wisconsin
Company Type: LAH
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	1 enrollment form @ $20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	$20.00	10/29/2008	23551922

SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
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TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/30/2008	10/30/2008

SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
Filing Company:	*National Guardian Life Insurance Company*	*State Tracking Number:*	*40720*
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Product Name:	*2735PN*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 10/30/2008
Implementation Date:
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
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Company Tracking Number:	*2735PN-AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

SERFF Tracking Number:	*NGLI-125878890*	*State:*	*Arkansas*
Filing Company:	*National Guardian Life Insurance Company*	*State Tracking Number:*	*40720*
Company Tracking Number:	*2735PN-AR*		
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Product Name:	*2735PN*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number: 2735PN-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2735PN-AR 05/08	Application/ Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY	Initial		49	2735PN-AR 05-08.pdf

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)

National Guardian Life Insurance Company (NGL) • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

2735PN-AR 05/08 Series 4

MAIL POLICY TO: ❑ AGENT ❑ FUNERAL HOME ❑ OWNER

PROPOSED INSURED/ANNUITANT ❑ Male ❑ Female

First Name | MI | Last Name | Phone Number | Social Security Number | Age | Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name | MI | Last Name | Social Security Number | Relationship to Insured

MAILING ADDRESS ❑ INSURED/ANNUITANT ❑ OWNER (**Where to send information about this Policy**)

Street Address | City | State | Zip

PAYMENT PLAN

Funeral Price $ Face Amount $

❑ Single Pay Life ❑ Flexible Annuity $ _____

Multi Pay Life: ❑ 1 Year ❑ 3 Year ❑ 5 Year ❑ 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

$ $ $

PLAN

❑ D
❑ E
❑ F

PAYMENT MODE

❑ Annual (Not available on 1 Pay) ❑ Quarterly
❑ Semi-Annual ❑ EFT *(Form on back)*
❑ MC/VISA - Use Monthly Direct Factor *(Form on back)* ❑ Monthly Direct

STATEMENT OF HEALTH (To be completed by Proposed Insured - Do not complete for Annuity)

Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: ❑ YES ❑ NO

Congestive Heart Failure
Heart Disease
Stroke
Cancer (other than skin)
Immune System Disorder
Cirrhosis of the Liver
Drug or Alcohol Dependency
Kidney failure (including dialysis)
Chronic Obstructive Pulmonary (lung) Disease
Emphysema
Alzheimer's/Dementia
Diabetic Coma/Insulin Shock
Amputation (caused by disease)

If the health question is not answered or answered "Yes" **the 1 pay Life Plan is not available** and any 3, 5, or 10 Pay Life Plan will have limited death benefits during the early Policy years.

DIRECTION FOR PAYMENT OF PROCEEDS (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign to the Funeral Provider (1) the right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided, (2) the right to compromise claims and (3) the right to agree to rescission.

Name of Funeral Provider | Street Address | City | State | Zip

Name of Primary Beneficiary | Street Address | City | State | Zip | Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life.

I acknowledge that I have read the fraud warning statement on the last page of this form.

Signed at | State

Signature of Proposed Insured/Annuitant | Date | Signature of Owner (Required if other than Insured) | Date

AGENT'S STATEMENT

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent(s) Signature | Agent Name(s) Printed | NGL Agent # | Agent State License# | %

Agent(s) Signature | Agent Name(s) Printed | NGL Agent # | Agent State License# | %

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

National Guardian Life Insurance Company (NGL) • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

Insured: _____

Agent: _____

IRREVOCABLE ASSIGNMENT OF POLICY

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

Immediate Transfer (For purposes of Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. To make an immediate transfer election please initial here _____.

_____

Signature of Owner *Date*

AUTOMATIC PAYMENT AUTHORIZATION (Select One)

❑ **Monthly Electronic Funds Transfer**
I request and authorize NGL to make monthly withdrawals against the financial institution account specified at right or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

If using a checking account, please include a void check. For savings account, please contact the bank to verify EFT is allowed and verify correct routing and account number.

Date of month to initiate payment (dates available are 1st through 28th) – select one: _____
Bank Name _____
Bank Routing/ABA # _____
Account # _____
❑ Checking ❑ Savings

_____
(Signature as it appears on bank records)

_____
(Date)

❑ **Monthly Credit Card Authorization - Only available on 3, 5 and 10 Year Plans (Not on Annuity)**
I authorize the premiums due to be remitted monthly to NGL through my credit card account indicated at right. This authority will remain in full force and effect until I revoke this authorization by written notification to NGL.

Select one only: ❑ VISA ❑ MasterCard

_____
(Account Number)

_____
(Exp. Date)

_____
(Cardholder Signature)

_____
(Cardholder Address)

_____ _____
(Printed Name) (Date)

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

National Guardian Life Insurance Company (NGL) • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of $_____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

_____

Agent Signature *Date*

FRAUD WARNING STATEMENT

For Residents of Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

"Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.

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Product Name:	*2735PN*		
Project Name/Number:	*/*		

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:	*2735PN-AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*2735PN*		
Project Name/Number:	*/*		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008

Comments:

Attachments:

AR - Required Certification - Life.pdf

AR - Required Certification 2 - Title 19.pdf

AR - COR.pdf

NGL Insurance Group

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company,*** hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.

- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.

- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

October 29, 2008

Signature *Date*

Mark Neidinger
Associate General Counsel – Company Officer

Individual responsible for this filing:
Name: Kim Bolinder
Title: Policy Forms Specialist
Phone #: (608) 443-5335
Email: kabolinder@nglic.com

NGL Insurance Group

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

I, **Mark C. Neidinger**, an officer of ***National Guardian Life Insurance Company,*** hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

October 29, 2008

Signature *Date*

Mark C. Neidinger
Associate General Counsel – Company Officer

Individual responsible for this filing:
Name: Kim Bolinder
Title: Form Filing Specialist
Phone #: (608) 443-5335
Email: kabolinder@nglic.com

NGL Insurance Group

CERTIFICATION OF COMPLIANCE

I, Mark C. Neidinger, an officer of *National Guardian Life Insurance Company* hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing complies with all applicable provisions of the ***ARKANSAS*** statutes and with all applicable administrative rules of the Commissioner of Insurance;

2. These form(s) do not contain any inconsistent, ambiguous, or misleading clauses;

3. These form(s) do not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);

4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached form(s) or in an attachment; and

5. The attached form(s) are in final printed format or typed facsimile and will be offered for issuance or delivery in ***ARKANSAS*** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of the *National Guardian Life Insurance Company*, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2735PN-AR 05/08	**49.1**

October 29, 2008

Signature Date

Mark C. Neidinger

Associate General Counsel and Company Officer

***Individual responsible for this filing*:**

Name: Kim Bolinder
Title: Policy Forms Specialist
Phone #: (608) 443-5335
Email: kbolinder@nglic.com